

Name: Phone:		ID/SSN:
		Email:
worker".		arent (if dependent) or spouse answered "Yes" to being a "dislocated cumstances of this status. <u>Documentation must be provided with this</u>
Dislocated Worker's Name:		Relationship to student:SelfParentSpouse
1.	 And are eligible for or have esthough they have been employearnings or performed services compensation law; and 	following requirements: off from employment or received a notice of termination or layoff; khausted her unemployment compensation, or are not eligible for it because, even oved long enough to demonstrate attachment to the workforce, they had insufficient es for an employer that weren't covered under a state's unemployment a previous industry or occupation.
2.		or laid off from employment or received a notice of termination or layoff as sure of, or any substantial layoff at, a plant, facility, or enterprise.
3.	A person who is employed at a close within 180 days.	facility at which the employer made a general announcement that it will
4,	A person who is employed at a	a facility at which the employer made an announcement that it will close.
5.		ding farmers, ranchers, or fishermen) who is unemployed because of general economic conditions in his community.
6.	she has been dependent income; andshe is unemployed or une	inpaid services to family members in the home; on the income of another family member but is no longer supported by that deremployed and is having difficulty obtaining or upgrading employment. An is one who is working part time but wants to work full time or one who is working below the
7.		mber of the Armed Forces and has experienced a loss of employment ermanent change in duty station;
8.	None of these criteria describe r	ny situation
Student Signature:		Date:
	nt Student's Only) gnature:	Date:

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